


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 710271 1. Entity Name LAKESIDE POINT APARTMENT NO. 5 ASSOCIATION, INC. |  |
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|---|---|
| Principal Place of Business 2180 LAKE OSBORNE DRIVE UNIT 9 LAKE WORTH FL 33461 US | Mailing Address 1510 LEE CT LAKE WORTH FL 33461 US |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E037 (10/06)

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|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-2231490 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|--|--|
| 6. Name and Address of Current Registered Agent NELL, H. E 2180 LAKE OSBORNE DRIVE #9 LAKE WORTH FL 33461 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
| | State: FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

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|--|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|-------------------------------|---------------------------------|
| TITLE | VP | |
| NAME | MCOUADE, JOHN | |
| STREET ADDRESS | 2180 LAKE OSBORNE DR #2 | |
| CITY-STATE-ZIP | LAKE WORTH FL 33461 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | NELL, E. EUGENE | |
| STREET ADDRESS | 2180 LAKE OSBOURNE DRIVE, # 9 | |
| CITY-STATE-ZIP | LAKE WORTH FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MARINA, HELEN | |
| STREET ADDRESS | 2180 LAKE OSBORNE DR #4 | |
| CITY-STATE-ZIP | LAKE WORTH FL 33461 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | VANDERWOUE, LEANN | |
| STREET ADDRESS | 1510 LEE COURT | |
| CITY-STATE-ZIP | LAKE WORTH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KILCOURSE, WILLIAM | |
| STREET ADDRESS | 2180 LAKE OSBORNE DR | |
| CITY-STATE-ZIP | LAKE WORTH FL 33461 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCINTIRE, LILLIAN | |
| STREET ADDRESS | 2180 LAKE OSBORNE DRIVE #20 | |
| CITY-STATE-ZIP | LAKE WORTH FL 33461 | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--------------------------|---------------------------------|-----------------------------------|
| TITLE | U00000692083 | | |
| NAME | 04/13/07-80036-016 61.25 | | |
| STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *[Signature]* 3/30/07 561-586-0582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debiting Phone #